

## Welcome!

The District of Columbia Public Schools (DCPS) would like to thank you for your interest in volunteering in our schools. Each year, thousands of motivated individuals use their skills, resources, and knowledge to impact the lives of children living in the nation's capital.

### Getting Started

Before you can volunteer at any DC Public School, you will need to bring the documents listed below to 825 North Capitol Street, NE, 9th floor.

Tuberculosis (TB) Verification  
Completed DCPS Volunteer Application  
State issued photo identification

After you have turned in the documents stated above to the volunteer coordinator, you will then be asked to complete a fingerprinting clearance process on the 6th floor.

**Your application will not be processed without your ID and negative TB results.** Parent partners must also bring a **memo of approval** from the school principal.

### Volunteer Processing Hours of Operation

Volunteers: Tuesday 9:00am - 4:00pm and Thursday 9:00am - 12:00pm

Parent Partners: Wednesday 9:00am - 4:00pm

The volunteer clearance process takes about 5-10 days to complete. You will then receive a verification letter from DCPS. Please bring this letter to your school as proof of clearance.

If we can be of any further assistance, please feel free to contact the Volunteer Program at [dcpsvolunteers@dc.gov](mailto:dcpsvolunteers@dc.gov). For parent partners, please contact Jennifer Nguyen at 202-442-5191.



# VOLUNTEER Application



Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial Maiden or Prior

Address: \_\_\_\_\_  
Street Apt. # City State Zip Code

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Phone number

## Volunteer Placement Information

School site \_\_\_\_\_

Placement: Elementary Junior High High School Special Education

Referred by: \_\_\_\_\_

Preferred times to volunteer: \_\_\_\_\_

Type of applicant: Volunteer Intern Parent Partner  
Mentor Student doing coursework Other: \_\_\_\_\_



# Statement of Commitment

As a volunteer working in the District of Columbia Public Schools, I agree to:

- Sign In and Out at the designated place during each visit.

DCPS tracks volunteer hours in each school. The efforts by individuals, volunteers and schools are recognized by DCPS as a quality service provided to students and staff.

- Receive and wear a sticker provided from the front office to ensure school safety.

This will ensure that you are acknowledged as a contributing member of the school team during your volunteer time.

- Attend orientation or training sessions that may be necessary to help me in my job.

- Honor the commitment to work as scheduled.

If you have a child in DCPS, please do not use your volunteer time to speak to your child's teacher or other staff members about your child. Schedule an appointment to address concerns related to your child.

- Notify the DCPS representative assigned to work with me if I must be absent from a volunteer commitment.

- Abide by all the school rules and DCPS policies and regulations that are applicable to me.

- Maintain the confidentiality of any information I learn during volunteer work.

When you discuss student needs with teachers, you may learn some personal information. Such information must remain confidential and must not be discussed, except with appropriate staff members as needed.

- **Inform appropriate staff members (teachers, school counselor, and school principal) if I suspect or learn that a child is in danger or exposed to any type of abuse or neglect.**

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Signature of Applicant

Date



# Acknowledgment of Risks, Assumption of Risks, and Release/Waiver Agreement for DCPS Volunteer Activities

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

I acknowledge and agree as follows:

1. That I must sign the District of Columbia Public Schools' (DCPS) Acknowledgement of Risks, Assumption of Risks, and Release/Waiver Agreement before participating in the DCPS volunteer activity listed above.
2. That if I am the parent or legal guardian of a child under 18, I must sign a separate Acknowledgement of Risks, Assumption of Risks, and Release/ Waiver Agreement for the child before they can participate in the volunteer activity listed above.
3. That some of the activities include risks that may cause or lead to injuries to volunteers. I understand that DCPS staff, employees or other personnel cannot assure volunteers' safety or eliminate these risks. I am voluntarily participating with knowledge of the risks. Therefore, I assume and accept full responsibility for the risks of this activity (both known and unknown), and for any injury, damage, or other loss suffered by me, resulting from those risks.
4. That I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments.
5. That I will perform assigned tasks which are within my physical capability to the best of my ability, and that I will not undertake tasks that are beyond my ability or physical capability.
6. That I am familiar with the safe operation and use of equipment and tools that I may utilize in connection with this volunteer activity, and that I will not undertake to use any equipment or tools with which I am unfamiliar or do not know how to operate safely.
7. That I am volunteering my services for the activity listed above on a voluntary basis without anticipation of payment or compensation of any kind.



8. That I agree to release and not to sue DCPS in regard to all claims, liabilities, suits, or expenses (hereafter collectively claim or claims), including claims caused or alleged to be caused by the negligence of DCPS, for any injury, damage, or other loss to me in any way connected with my participation in this activity, or my use of DCPS equipment or facilities. I understand that I agree to waive all claims I may have against DCPS, and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit against DCPS.
9. That I hereby agree to discharge, indemnify and hold harmless, DCPS, all sponsors, and participating volunteer organizations, and their agents, employees and representatives, from all claims, demands, actions or judgments which I, or my heirs, executors, administrators or assigns may have for any and all injuries and damages, known or unknown, caused by or arising out of the activity listed above.
10. That I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk, and not as an employee of DCPS or their sponsors, and further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from DCPS or their sponsors, nor will I make such claim.
11. That I have carefully read, understand and voluntarily sign this document and acknowledge that it shall be effective and binding upon me, my minor children and other family members, and my heirs, executors, representatives and estate.

Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.

Name (Print): \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Telephone number





# VOLUNTEER Application

For DCPS Fingerprinting Office:

## Authorization to Release Information

This is to certify that I, \_\_\_\_\_, am applying to become a volunteer for the District of Columbia Public Schools (DCPS) and that I do hereby authorize the release of any information to DCPS that they may request, from whomever they deem necessary to make such a request, from any of my police records, arrest records, and court records located in any jurisdiction in which I have lived and/or worked. I also release all persons from any liability that could result from furnishing said information to DCPS. The original document is to be retained on file with DCPS. Any information obtained is subject to use by DCPS for educational related purposes.

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Signature

Date

### **Disclosure Statement**

I declare or affirm under penalty of perjury that I have not been convicted of a crime, have not pleaded 'no contest,' am not on probation before judgment, do not have a placement of a case upon a stet docket, and have not been found guilty by reason of insanity for any sexual offenses or intra-family offenses in the District of Columbia or their equivalent in any other state or territory.

I also declare or affirm under penalty of perjury that I have not been convicted of and/or am not the subject of pending charges for the commission or attempt to commit any of the following offense(s) except as described at the bottom of this page: murder; child abuse; rape; child pornography; kidnapping or abduction of a child; assault where the victim was a child under the age of sixteen years; illegal use, sale or distribution of controlled substance; illegal possession or use of weapons.

If you have been convicted and/or have pending charges for the offenses listed above please explain each below and attach a copy of the charging document and disposition, if applicable.

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I further certify that I am the applicant whose signature is affixed below.

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Signature

Date



# Volunteer Authorization for Fingerprinting Request

In order to adequately track your application, we ask that you take a copy of your completed application packet and TB testing results to a designated DCPS Volunteer Coordinator. Once your application is reviewed, you will be provided with a signature on this form below. This signature from a DCPS representative will allow you to be fingerprinted on the 6th floor.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial Maiden or Prior

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

## FOR DCPS OFFICE USE ONLY

Date: \_\_\_\_\_ Application Completed: Yes No

Name of DCPS Representative: \_\_\_\_\_

Signature of DCPS Representative: \_\_\_\_\_

The above named individual reported for fingerprinting.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Fingerprinting Technician

